



PHYSICIAN'S STATEMENT FOR DISABLED PERSON'S LICENSE PLATES/PLACARD

TO BE COMPLETED BY A LICENSED PHYSICIAN, CHIROPRACTOR, PODIATRIST, OR OPTOMETRIST ONLY. IF YOU HAVE QUESTIONS, CALL (573) 751-4509.

ATTENTION LICENSED PHYSICIANS, CHIROPRACTORS, PODIATRISTS, OR OPTOMETRISTS: Missouri law requires this form to be completed before an applicant may obtain disabled person license plates and/or placards. Section 301.142.1, RSMo, defines a "physically disabled person" as listed below. Please check all appropriate boxes, record the corresponding International Classification of Diseases (ICD) codes, and complete this form in its entirety. **NOTE: Disabilities other than those listed below do not qualify the applicant for disabled person license plates and/or placards.** The Missouri Department of Revenue, upon receiving this statement, shall check with the appropriate state licensing board to determine whether you are duly licensed and registered as a physician, podiatrist, or optometrist as required by law.

PATIENT'S NAME		PATIENT'S DLN, SSN, OR FEIN		PATIENT'S DATE OF BIRTH		PATIENT'S GENDER	
CHECK ONE: <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> CHIROPRACTOR <input type="checkbox"/> PODIATRIST <input type="checkbox"/> OPTOMETRIST		PRINTED NAME OF LICENSED PHYSICIAN		LICENSE NUMBER AND STATE LICENSED IN		PHYSICIAN'S TELEPHONE NUMBER	

CHECK EACH DISABILITY AS DEFINED IN SECTION 301.142.1, RSMo THAT APPLIES AND RECORD CORRESPONDING ICD CODE

- ☐ The person cannot walk fifty feet without stopping to rest.
ICD CODE _____
- ☐ The person cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.
ICD CODE _____
- ☐ The person is restricted by lung disease to such an extent that the person's forced respiratory expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 MM/HG on room air at rest.
ICD CODE _____
- ☐ The person uses portable oxygen.
ICD CODE _____
- ☐ The person has a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association.
ICD CODE _____
- ☐ The person is severely limited in the applicant's ability to walk due to arthritic, neurological or orthopedic condition.
ICD CODE _____
- ☐ The person is blind as defined in Section 8.700, RSMo.
ICD CODE _____

<input type="checkbox"/> PERMANENT DISABILITY	<input type="checkbox"/> TEMPORARY DISABILITY*	ENTER DATE ►	30 DAYS	31-60 DAYS	61-90 DAYS	91-120 DAYS	121-150 DAYS	151-180 DAYS
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*A Temporary Placard can be issued for no more than 180 days. Upon expiration, a Temporary Placard may be renewed once for an additional six months by reapplying and submitting a new Physician's Statement for Disabled Person's License Plates and/or Placards, form DOR-1776. If the temporary period of disability is not specified by a physician, podiatrist, optometrist, or chiropractor, a Temporary Placard will be issued only for a period of 30 days.

PERSONAL SIGNATURE AND CERTIFICATION OF PHYSICIAN, CHIROPRACTOR, PODIATRIST, OR OPTOMETRIST REQUIRED

"IT IS A CLASS B MISDEMEANOR FOR A PHYSICIAN, CHIROPRACTOR, PODIATRIST, OR OPTOMETRIST TO CERTIFY THAT AN INDIVIDUAL OR FAMILY MEMBER IS QUALIFIED FOR A LICENSE PLATE OR WINDSHIELD PLACARD BASED ON A DISABILITY, THE DIAGNOSIS OF WHICH IS OUTSIDE THEIR SCOPE OF PRACTICE OR IF THERE IS NO BASIS FOR THE DIAGNOSIS." (301.142.12 RSMo) I CERTIFY THAT I HAVE PHYSICALLY EXAMINED THE PERSON LISTED ABOVE AND FOUND THAT HE OR SHE IS PHYSICALLY DISABLED FOR THE REASON(S) INDICATED ABOVE AS REQUIRED BY SECTION 301.142.12, RSMo IN ORDER TO OBTAIN DISABLED LICENSE PLATES AND/OR PLACARDS.

PERSONAL SIGNATURE OF LICENSED PHYSICIAN, PODIATRIST, OPTOMETRIST, OR CHIROPRACTOR	DATE
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